Check One: Initial Amendment (Explain) 1. Candidate Information: NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER	CITY CLERK OFFICE For Official Use Only 2022 AUG 11 A G: U.3
	2022 AUG 11 A D: 43
NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER	CITY as Moura
	CITY OF MONTEREY PARK FAX NUMBER (optional)
Amy Lee (213) 399-5988	() amyplee.law@gmail.com
STREET ADDRESS CITY	STATE ZIP CODE
Monterey Park	CA 91754
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
City Treasurer City of Monterey Park	PARTY PREFERENCE:
OFFICE JURISDICTION State (Complete Part 2,)	(Check one box, if applicable,)
City of Monterey Park	2022 PRIMARY / GENERAL
✓ City County Multi-County: (Name of Multi-County Jurisdiction)	(Year of Election) SPECIAL / RUNOFF
 ☐ I accept the voluntary expenditure ceiling for the election stated above. ☐ I do not accept the voluntary expenditure ceiling for the election stated above. Amendment: ☐ I did not exceed the expenditure ceiling in the primary or special election he ceiling for the general or special run-off election. 	eld on/ and I accept the voluntary expenditure
(Mark if applicable) On,/I contributed personal funds in excess of the expenditure of	ceiling for the election stated above.
3. Verification:	
I certify under penalty of perjury under the laws of the State of California that the fo	pregoing is true and correct.
00 40 4044 11 11 11 11 11 11 11 11	
Executed on	

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